# 106000050657

(Re	equestor's Name)	
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TO:	Registration Section
*	Division of Corporation
-	

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Oscar Gonzalez Name of Person PC Ideal Firm/Company 1420 North Meridian Road #228 Address Tallahassee, FL 32303 City/State and Zip Code

info@pcideal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Oscar Gonzalez

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

PC Ideal. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 5/15/2006 and assigned
Florida document number L06000050657	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1420 N. Meridian Road Suite 228
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303
Enter new mailing address, if applicable:	1420 N. Meridian Road Suite 228
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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If amending any other information, enter change(s) here: (Attack	additional sheets, if necessary.)
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) (cannot be more than 90 days after
October 8, 2014	
Chung.	
Signatury of a member of authorized repre Oscar Gonzalez	sentative of a member
Typed or printed name of s	signee

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Filing Fee: \$25.00